LOFTUS
URBAN DISTRICT COUNCIL
AND THE
PORT SANITARY AUTHORITY

REPORTS
for the Year 1949
of the Medical Officer of Health
W. H. BUTCHER, V.R.D., M.A.,
D.M., D.P.H., BARRISTER - AT - LAW,
SURGEON COMMANDER R.N.V.R.(RET)

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TO THE CHAIRMAN AND MEMBERS

OF THE

LOFTUS URBAN DISTRICT COUNCIL

Madam and Gentlemen,

I beg to submit my Annual Report for the year 1949, the contents and arrangement of which are in accordance with the Ministry of Health Circular 2 50.

The two primary purposes of the Annual Report are to provide the Ministry of Health with certain information required by the Minister and to give the Local Authority a review of the work done in the year. The information supplied is in the form of statistics interspersed with comments and at times recommendations. Unless a person happens to be statistically minded statistics are at best a dull subject and the general reader is apt to skim the contents. A third purpose of the Annual Health Report should be to present the health activities of the Local Authority in such a way that the public becomes interested in the prevention of disease and the maintenance of personal health. Medical science has progressed to the stage where it can offer to the public valuable advice on certain matters of personal health. For instance, the early treatment of cancer of the breast and of the womb is now most successful, so a woman should know why and when to consult her doctor ; immunization against diphtheria reduces the likelihood of catching diphtheria and practically abolishes the risk of dying of it ; the vitamin preparations are necessary additions to the food of infants and toddlers so that they may grow up healthy children. I quote these three proved procedures as examples of what medical science can tell the public with full assurance.

I now come to the question of how to put the information across to the public, a matter beset with difficulties. Exhortations whether by means of the written word, as in leaflets and posters and films, or by means of the spoken word, as in lectures, are, I am convinced, of little use as isolated efforts except to deal with an emergency such as an outbreak of infectious disease where the emotion of fear in the individual gives rise to a state in which interest develops. In fact, interest in a subject does not arise spontaneously just because the organiser, or the speaker, or the writer happens to be interested himself and so thinks other people should be interested ; nor does interest arise because a logical approach is made to people, notwithstanding that we all think it does, as is shown by the fact that we invariably take infinite pains to present a subject in a logical form. Actually an individual becomes interested in a subject only if he believes that he will thereby gain something which at the time he considers of benefit to himself. For instance, the man with a severe bellyache becomes interested in his health because he wants to be rid of his ache ; the same man free from aches or pains or uncomfortable symptoms usually feels that he is not going to get any particular benefit by concerning himself about the state of his health with which he sees no reason to be dissatisfied.

I have dealt briefly and inadequately with the matter of interest ; there are two other means by which a knowledge of health may be imparted—by impressing and by persuading others. Certainly by impressing his listeners with his supposed knowledge, power, beneficence or other attribute the speaker will influence them ; the effects created by impression, however, soon diminish ; the greater the impression made the greater the subsequent feeling of flop which develops. The methods of the various Fifth Columns in recent years are examples of how persuasion can be used with effect in convincing others.

Now the personal approach and the group approach, particularly the group discussion, are the most effective means of educating the public in personal health, because they provide the opportunity of employing all the three available methods of health education. The personal approach can be used by the health visitor and the sanitary inspector in the home. I consider the health visitor and the sanitary inspector to be key-workers in health education for they are in daily contact in the homes of the people with the people. The personal approach can also be used by the doctor and health visitor in such group assemblies as Infant Welfare Centres and school medical inspections. At the Infant Welfare Centres the group approach is a potent means of education, provided the correct psychological environment has been created. The newly attending mother perceives that there is a group in the Centre—a group that insists on the performance of certain health rituals ; she becomes desirous of being accepted within the group, so she conforms to the patterns of health behaviour laid down. An organized extension of the group approach is the group discussion, where a small group up to a dozen in number meets for half an hour or so and discusses some subject of health importance under the unobtrusive guidance of the educator. The group discussion is a most valuable method but needs time, and needless to say, considerable experience and skill on the part of him or her who guides such discussion.

Certain requisites are necessary in anyone who would effectively practise either the personal or the group approach. Firstly he or she must have strongly developed the preventive outlook on health. That attitude is particularly necessary to-day because recent developments in the health services have given the appearance of suggesting with powerful affect that the treatment of established diseases rather than their prevention is the primary aim of medical science. Secondly some knowledge of educational psychology and of simple modern educational methods are necessary.

I can visualise such an important procedure as the group discussion being profitably carried out in other places than Infant Welfare Centres, for instance, among such groups as food handlers, steelworkers, miners, etc. I do not decry the lecture or the leaflet when once interest has arisen. Further instruction by lectures, leaflets, periodicals, or books is of course most useful but interest must first arise among the persons to be taught.

I have written at some length on health education because I feel that health education not restricted to exhortations by means of leafllets, posters or the occasional lecture. but organised on wider lines, is one of the most important weapons in the armoury of preventive medicine.

The death-rate continues to give warning that the population is an ageing one : the number of over-sixties is increasing and is forming an ever greater proportion of the nation. The present tendency is to relegate these persons to retirement where they rust useless alike to themselves and to the country ; there, when all is said and done, they have to be maintained by the efforts of the other relatively diminishing age groups. This may have been reasonable in the nineteenth century when few of the over-sixties could expect to survive more than a few years so that the over-sixties were numerically unimportant. To-day the span of life has been prolonged with corresponding delay in the onset of senescence. Is it still the right policy that retirement should be expected at the age of sixty-five ? A certain proportion of the over sixty-fives will be found medically unfit for further employment ; some will not desire it. But, a goodly proportion are both fit and willing to prolong their working life, perhaps in some cases at a diminished tempo. Is it not worthwhile that such persons continue to be usefully employed ?

I wish to stress that tuberculosis is an infectious disease ; at the present time it is the most crippling and killing of all the infections in Britain. While the total elimination of the human type of infection is probably unattainable under present conditions, a great reduction in its incidence is practicable. The treatment of tuberculosis under the Health Service is handled by the Regional Hospital Board ; the social measures have devolved on the Local Health Authority ; the Local Sanitary Authority remains responsible for general hygiene, housing, the abatement of overcrowding and the epidemiological aspects of its control. Of all the conditions that are to a certain extent remediable to-day the abatement of overcrowding and, where necessary, the rehousing of the infectious tuberculous person are of an importance second to none. Of equal importance is the early diagnosis of the disease and here mass radiography plays a vital role. The Mass Radiography Unit was located at Guisborough and Carlin How during the month of May so that its services were readily accessible to the inhabitants of the District. Another essential activity is intensive preventive work in the patients' homes, since the education of the public in the ways and means of preventing tuberculosis is another vital factor. The public must realize that tuberculosis is preventable. To provide conditions in which interest in its prevention arises is the duty of the health educator, the means of prevention are there if the public will use them. The public must understand that although tuberculosis is infectious the tuberculous person need not spread the disease if he take proper care. I do not want by an emotional appeal to arouse a transient enthusiasm, but I feel that the spirit of confidence in and enthusiasm for the prevention of tuberculosis which existed among us in the earlier decades of the century could be usefully reawakened. Have we in this matter a feeling of frustration, of laissez-faire ?

I now turn to water supplies. Two dry years in succession were followed by a serious shortage of water throughout the District during much of the year. Not only were the supplies of the Cleveland Water Company materially reduced so that in some places people made use of polluted springs, or other dubious sources of supply, but communities such as Street Houses, Upton, Micklow, Easington, Cowbar and Scaling were without water at all for several months, while Liverton had only sufficient water because polluted sources were tapped. It is true that I posted notices at those of the polluted sources known to be used advising boiling, and similar notices were inserted in the press by the Cleveland Water Company regarding their own supply. Nevertheless, I viewed the position with much concern, for the scene was set for outbreaks of waterborne diseases. The Council arranged for the cartage of water to the worse afflicted of the localities and early in the year began negotiations for a temporary mains supply to Scaling, Easington and Street Houses. At the time of writing, April 1950, the negotiations are still in progress. It is of historic interest that I have before me on my desk a Report written by Mr. B. S. Wormleighton, at one time your Sanitary Inspector, couched in very similar terms to this one. There is no date to it, but since he refers to the Local Government Board it must have been written in or before 1919.

In fact adequate water supplies are vital for any real improvement of general hygiene in the District. Without more water it is impracticable to carry out major conversion schemes ; without more water it is impracticable to get rid of standpipes ; without more water it is impossible to supply a number of farms with adequate water for the production of clean milk. The remedy is the commencing and the completing of the Scaling Reservoir with the necessary mains at the earliest possible time.

In conclusion I wish to thank the Chairman and Members of the Public Health Committee for their warm encouragement throughout the year, Mr. J. Baston, the Clerk of the Council, for his continued ready co-operation and Mr. E. Hollis, the Sanitary Inspector, who has on all occasions been most helpful. As you are aware, my administrative work is done from the Guisborough Area Health Office of the North Riding County Council ; it would be ungrateful not to thank the two clerical officers, Miss M. Imeson and Miss J. Waite, for their willing assistance without which my labours would indeed have been heavy.

I am, Madam and Gentlemen,
Your obedient servant,
W. H. BUTCHER,
Medical Officer of Health.

BROTTON,
3rd April, 1950.

TABLE 1
Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health also District Medical Officer No. 4 Area N.R.C.C.	Dr. W. H. Butcher		
Sanitary Inspectors	Mr. J. A. Thompson*	Mr. R. Barry (retired 9/6/49)	Mr. E. Hollis*
Additional Sanitary Inspectors	Mr. E. Ward	Mr. J. Pattison appointed Sanitary Inspector 9/6/49)	

*Also Surveyor of the District concerned

SECTION I
Vital Statistics and Social Conditions

The Registrar General's estimate of the population of the District in the mid-year 1949 was 7,319, as compared with one of 7,240 for the mid-year 1948

I am indebted to the Council's Financial Officer who has supplied me with the following figures :—

1.	Area in acres	10,595
2.	No. of inhabited houses according to rate books	2,262
3.	Rateable Value	£25,778
4.	Sum represented by a penny rate	£102

The District consists of the neat country town of Loftus, the industrial communities of Skinningrove and part of Carlin How and the hamlets of Liverton, Scaling, Easington, Street Houses and Cowbar. These are situated amidst agricultural lands studded with farms, while to the south lie moors to the height of nearly 1,000 feet above sea level. The whole is intersected by deeply cut wooded valleys. To the north there is a coast-line of bold cliffs attaining to the height of 699 feet, the highest cliff in England and Wales. The principal industries within the District are the great Skinningrove Iron and Steel Works and agriculture. It is pleasant to record that I have never observed these great Works discharging into the atmosphere black smoke or fumes in quantities appreciable to the senses. Cleveland is associated in the popular imagination with ironstone mining, but only one mine is still working in the District and inshore fishing has sadly declined as a means of livelihood. There was full employment among the inhabitants throughout the year, an important factor in maintaining health, both physical and mental.

TABLE 2

Vital Statistics

CAUSES OF DEATH

	Male	Female
Typhoid and Para-Typhoid Fever	—	—
Cerebro-spinal fever	—	—
Scarlet Fever	—	—
Whooping Cough	—	—
Diphtheria	—	—
Tuberculosis of Resp. Sys.	1	2
Other Forms of Tuberculosis	1	1
Syphilitic Diseases	1	1
Influenza	—	—
Measles	—	—
Ac. Poliomyl. & Enceph.	—	—
Ac. inf. Enceph.	—	—
Cancer of mouth & gullet & oesoph. (M)	—	—
uterus (F)	—	—
Cancer of Stomach & Duodenum	6	2
Cancer of Breast	—	1
Cancer of all other sites	3	3
Diabetes	—	1
Intracranial Vascular Lesions	5	11
Heart Diseases	17	14
Other Diseases of Circ. System	4	1
Bronchitis	2	2
Pneumonia	2	—
Other Resp. Dis.	—	—
Ulcer of Stomach or Duodenum	—	—
Diarrhoea under 2 years	—	—
Appendicitis	—	—
Other Digestive Diseases	1	1
Nephritis	—	—
Puerp. and Post. Abort. Sepsis	—	—
Other Maternal Causes	—	—
Premature Births	1	1
Congen. Malform., Birth Injuries and Infantile Diseases	1	3
Suicide	—	—
Road Traffic Accidents	—	—
Other Violent Causes	2	—
All Other Causes	1	2
ALL CAUSES	48	46

Deaths

Ninety-four deaths of residents give a death-rate of 12.6 per 1,000 of the population as compared with 11.7 in England and Wales.

TABLE 3

Live Births

	Male	Female
Total	64	73
Legitimate	60	70
Illegitimate	4	3

Still Births

	Male	Female
Total	6	6
Legitimate	5	4
Illegitimate	1	2

Deaths of Infants

(under 1 year of age)

	Male	Female
Total	2	4
Legitimate	2	4
Illegitimate	—	—

Births

The number of births registered in the District during the year is 137, giving a birth-rate of 18.7 per thousand of the population, compared to one of 16.7 per thousand of the population in England and Wales. Six infants under the age of one year died, giving an infantile mortality rate of 43 per thousand births compared to one of 32 for England and Wales.

SECTION II

Infectious Diseases

Table 4 shows the incidence of notifiable infectious diseases except tuberculosis.

Diphtheria

No case was notified. Immunization was available to children either at the hands of the family doctor or at the School Clinic of the North Riding Education Authority at Carlin How, while I was able to arrange sessions at the various schools where the family doctors gave reinforcing doses to children who had been immunized earlier in life. The figures contained in Table 5 below I consider satisfactory.

TABLE 5

Immunization against Diphtheria

Age Groups	
0 to 4 years	127
5 to 14 years	30
Reinforcing doses	499

TABLE 4

NOTIFIABLE DISEASES, 1949

(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—	Hosp.
Scarlet Fever	2	—	—	—	—	—	2	—	—	—	—	—	—	—
Pneumonia	9	—	—	—	—	—	1	1	1	—	3	1	2	—
Erysipelas	4	—	—	—	—	—	1	—	—	1	—	1	1	—
Measles	61	1	5	6	14	6	29	—	—	—	—	—	—	—
Whooping Cough	41	3	5	8	3	9	13	—	—	—	—	—	—	—

Smallpox

Eleven immunizations were performed during the year all by the family doctors. This important preventive measure appears now almost disregarded. Recourse to it to any appreciable extent is made only when fear provides the necessary interest in the midst of a smallpox " scare."

Tuberculosis

Four new cases of respiratory tuberculosis were notified during the year and seven of non-respiratory tuberculosis.

TABLE 6

Tuberculosis

AGE GROUPS	RESPIRATORY FORM		NON-RESPIRATORY FORM	
Years	Male	Female	Male	Female
0 to 4	—	—	—	2
5 to 9	—	—	1	1
10 to 14	—	—	1	1
20 to 24	—	—	1	—
25 to 34	2	1	—	—
45 to 54	—	1	—	—

The Mass Radiography Unit 1C, of the Newcastle-upon-Tyne Regional Hospital Board, spent three weeks in the area of the three Local Sanitary Authorities. I give details of the work done during the twelve days the Unit was stationed at The Club Hall, Carlin How, in Table 7 below :—

TABLE 7

Mass Miniature Radiography Survey : Statistical Report

	Carlin How District
Total radiographed	1453
Total passed on miniature film	1383
Total recalled for large film	70
Total failed to attend for large film	3
Total passed on large film	40
Total diagnosed on large film	23
Total recalled for investigation	4
ANALYSIS OF NON-TUBERCULOUS CASES	
Silicosis	—
Bronchiectasis	—
Thoracic neoplasm ...	—
Cardiovascular diseases—congenital	2
Cardiovascular diseases—acquired	2
Miscellaneous	9
TOTAL	11

Table 7—Mass Miniature Radiography Survey—*continued*

ANALYSIS OF TUBERCULOUS CASES

Category " A "—previously diagnosed	4
Category " B "—newly discovered ...	9
TOTAL ..	13
Category " C "—active disease ...	1
Category " D "—inactive disease	12
Cases still under observation	3
School leavers recalled for large film	6

According to the above figures the number of cases of active pulmonary tuberculosis was 0.6 per thousand. It may well be, however, that the sample of the population who attended the survey was not truly representative of the District. At the end of the year no cases were still under observation.

TABLE 8

Bacteriological Results of the Treated Waters

Cleveland Water Co.

No.	Date 1949	No. of colonies developing on Agar per ml. at 37 C. in 2 days	Presumptive Coliform Reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	7th March	less than 10	absent	absent
2	26th July	900	present	present
3	30th July	0	absent	absent
4	3rd August ...	10	absent	absent
5	12th August	less than 10	absent	absent
6	1st September	10	absent	absent
7	8th September	less than 10	present	absent
8	15th September	less than 10	absent	absent
9	22nd September	10	absent	absent
10	29th September	20	absent	absent
11	21st October	less than 10	absent	absent
12	28th October	260	present	present
13	30th November	uncountable	absent	absent
14	19th December	60	present	present

TABLE 9

Sample 1 : Chemical Results in parts per million
Cleveland Water Co.

Sample 1 (7/3/49)

Appearance : opalescent with no visible deposit

(Filtered) Turbidity (silica scale) . 12

Colour (Hazen) yellow-brown 17 Odour Nil

Electric conductivity at 20° C. 165 Free carbon dioxide ... 5

Chlorine in chlorides 17 Alkalinity as calcium carbonate 40

Hardness : total 65 Carbonate (temporary) 40 Non-carbonate (permanent) 25

Nitrogen in nitrates .. 0.0 Nitrogen in nitrites less than 0.01

Free ammonia .. 0.092 Oxygen absorbed in 4 hrs. at 27° C. 0.01

Albuminoid ammonia 0.042

Metals : Iron 0.26 Manganese 0.03 Other metals absent

TABLE 10

Bacteriological Results of the Raw Waters
Cleveland Water Co.

No.		No. of colonies developing on Agar per ml. in 2 days	Probable number of Coliform bacilli per 100 ml.	B. Coli Type 1 from 100 ml.
1	Lockwood Beck Reservoir	50	8	Present
2	Commondale Beck	610	90	Present

TABLE 11

Water Supply to Liverton Village
Bacteriological Results

No.	Source	Date	No. of Colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1
1	Pipe in stream at Golden Hill	1/3/49	9	present	present
2	Conduit House at Golden Hill	17/3/49	0	absent	absent
3	Pipe in stream at Golden Hill	17/3/49	20	present	absent
4	Sand bed at Golden Hill	21/4/49	75	present	absent
5	Conduit House at Golden Hill	15/7/49	80	present	present

TABLE 12

Water Supply to Liverton Village
Chemical Results in parts per million

No. of Sample	No. 1	No. 2	No. 3	No. 4	No. 5
Date of Sample	1/3/49	17/3/49	17/3/49	21/4/49	15/7/49
Turbidity, parts per million (silica scale)	12	less than 5	13	35	less than 5
Reaction pH	6.9	6.9	6.8	6.8	6.9
Total solids, dried at 180° C.	300	235	295	300	270
Free carbonic dioxide	24	25	32	42	28
Chlorine in chlorides	46	25	39	26	27
Alkalinity as calcium carbonate	130	135	140	185	155
Hardness : total	195	165	185	200	185
temporary	130	135	140	185	155
Nitrogen in nitrates	4.2	2.0	4.6	0.06	1.4
Nitrogen in nitrites	less than 0.01	less than 0.01	less than 0.01	less than 0.01	less than 0.01
Free ammonia	0.098	0.000	0.052	0.000	0.000
Oxygen absorbed in 4 hrs. at 27° C.	1.3	0.000	0.70	0.80	0.30
Metals : iron	0.82	less than 0.03	0.68	0.27	0.03
manganese	0.12	0.04	0.07	absent	0.04
Other metals	absent	absent	absent	absent	absent
Residual chlorine	absent	absent	absent	absent	absent

TABLE 13

Miscellaneous Waters
Bacteriological Results

No.	Source	Date	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	Pipe at Foulsyke	29/3/49	50	present	present
2	Spring near Dodder Carr	28/3/49	0	absent	absent
3	Spring at Boghouse	6/7/49	1	absent	absent
4	Trough on hillside at Skinningrove	19/8/49	200	present	present
5	Pipe, Market Place, Loftus	10/8/49	uncountable	present	present
6	Pipe, Market Place, Loftus	12/8/49	uncountable	present	present
7	Ram Nozzle, Low Waupley	10/11/49	110	present	present
8	Spring at Easington	21/6/49	12	absent	absent

TABLE 14

Miscellaneous Waters

Chemical Results in parts per million

No. of sample	No. 2	No. 3	No. 8
Date of sample	28/3/49	6/7/49	21/6/49
Turbidity, parts per million (silica scale)	18	less than 5	less than 5
Reaction pH	6.9	6.9	6.9
Total solids dried at 180° C.	275	150	215
Free carbonic dioxide	35	15	10
Chlorine in chlorides	21	18	44
Alkalinity as calcium carbonate	195	80	55
Hardness: Total	210	90	115
Temporary	195	80	55
Nitrogen in nitrates	0.0	0.4	2.2
Nitrogen in nitrites	absent	absent	less than 0.01
Free ammonia	0.000	0.000	0.000
Albuminoid ammonia	0.000	0.020	0.012
Oxygen absorbed in 4 hrs. at 27° C.	0.00	0.55	0.50
Metals: iron	1.24	0.10	0.20
Manganese	0.17	absent	absent
Other metals	absent	absent	absent
Residual chlorine	—	—	—

From the 3rd August the reservoir of the statutory water undertaking, the Cleveland Water Company, at Lockwood Beck was for the purpose of supply empty. With the shrinking of the water in the reservoir the supply for some time previous had been in a relatively increasing amount derived from the Sleddale Beck, the intake being situated at Commondale. This beck water is bacteriologically of a different quality from the water derived directly off the moors—the normal supply of Lockwood Beck Reservoir. Table 10 gives a comparison of the bacteriological qualities of the two raw waters. In addition there were some technical difficulties in the treatment of the water because of the emptiness of the reservoir and other factors. After consultation with myself the Cleveland Water Company published notices in the Press advising the boiling of the water from their mains. At the end of the year these notices had not been withdrawn.

I now deal with the supply to Liverton Village, a private supply of the Downe Estates. This is derived from two sources : firstly from a spring above the beck in Gerrick Wood, a source free from any pollution ; the results of its analyses are given under No. 2 in Tables 11 and 12. Until the early part of 1949 the other source was water which bubbled up from a bed of sand some feet below the surface at Golden Hill. The results of its analyses are given under No. 4 in Tables 11 and 12. I took the samples of the latter analyses under great difficulties when the water from the sand had practically ceased to flow ; it is free from faecal B. Coli and the presence of Coliform organisms may well be due to an adventitious contamination. This supply from the sand failed however, in March with the result that the water supply to Liverton Village became inadequate for the needs of the community. Search was made by the Downe Estates for further water and supplies were obtained from the field below the farm at Golden Hill. The analyses of this supply are contained in Nos. 1, 3 and 5 of Tables 11 and 12. They show a polluted water ; this is not surprising since its source is probably largely surface and, moreover, surface water from a field grazed by cattle and situated below a farm. This supply was still in use at the end of the year.

Of the miscellaneous waters Nos. 1, 4, 5 and 6 were taken from sources used by the inhabitants of the district owing to failute of their normal supplies. They all show polluted waters. No. 2 is bacteriologically a very pure water, although heavily loaded with iron, from a spring at Dodder Carr above the Grinkle Beck. It was taken at the request of a farmer who wished to use it for the supply of his farm. No. 8, which also showed a very pure water, was taken for the same purpose. No. 3 is the spring at Boghouse which it is proposed to use for the temporary supply of Scaling. It also is in all ways an excellent water. No. 7 was examined because of an outbreak of an illness with rather indefinite bowel signs. It shows a polluted supply. The farmer was advised regarding steps for its improvement.

The supply to Liverton Mines is another private one of the Downe Estates. The quality of the water both chemical and bacteriological is fully discussed in the Annual Health Report for 1948. Notwithstanding the fact that the mains had been cleaned by the Estates, in a short period the complaints of sulphuretted hydrogen were repeated by various householders. The local manager of the Estates, Mr. E. Wisbey, approached me during the summer and I made the suggestion that the aeration of the water would probably remove this source of complaint. Mr. Wisbey carried out the necessary works and I have not been able to observe any smell or taste of sulphuretted hydrogen, nor do the householders complain. It is pleasant to record such co-operation between Mr. Wisbey and myself beneficial to the public.

Micklow, Upton, Street Houses and Easington have private supplies, which failed early in the year and did not flow again for months. Finally, Cowbar, which is supplied by the Whitby Rural District Council as a water authority, was without water for many weeks. To all these localities water was carted for prolonged periods.

There are 1,734 houses supplied from the public water mains directly into the houses and 203 by means of standpipes. The remaining 325 houses have private supplies from various sources. Without a census of the inhabitants of each house I cannot give accurate figures of the population in each category.

SECTION IV

Inspection and Supervision of Food

Milk Supplies

There are seventy-four cowkeepers registered in the District, the total number of cowsheds being 159. Of these 117 were inspected during the year involving a total of 161 inspections. There are twenty-four retail milk sellers registered.

Meat and Other Foods

There are six private slaughter houses in the District which are at present unused.

Adulteration, etc.

Of the articles sent by the Inspectors of the North Riding County Council for analysis, one sample of milk purchased at Carlin How and one purchased at Loftus were slightly deficient in non-fatty solids content.

Bakehouses

There are four bakehouses used in the District. Twenty-seven inspections of these were carried out.

Fish Frying

There are ten fish frying premises in the District. These were inspected on eighty-seven occasions.

Ice Cream

There are ten premises registered for the sale of this foodstuff.

Shellfish *(Molluscan)*

Periwinkles are found on the seashore at Cowbar Nab and to the westwards. During the year a complaint was received from a neighbouring Authority that periwinkles unfit for human consumption owing to contamination with sewage matter were offered for sale within the area of that Authority. The foreshore is liable to immediate pollution at Cowbar Nab by sewage matter discharged from the Staithes sewer and from other sources. In fact, *Salmonella Oranienburg*, a pathogenic organism, was actually isolated from periwinkles taken by myself at Cowbar Nab on the 21st October. At the close of the year I was continuing my investigations regarding the extent of the pollution of the layings to the westwards. I understand that my colleague, Dr. Shroeder, medical officer of health of the Whitby Rural District Council, is making similar investigations regarding layings in his area eastwards of Cowbar Nab. When the extent of the polluted layings has been ascertained I propose to report to the Local Sanitary Authority with the view to their taking action under the Public Health (Shellfish) Regulations, 1934, Section 5.

On the 14th November, I presented my report on " Clean Food ". It was resolved to adopt such byelaws as may be considered necessary, based on the model issued to Local Authorities by the Ministry of Food regarding the handling, wrapping and delivery of food and sale of food in the open air. My report on this subject will be found in Appendix A.

Food Poisoning Outbreaks

No outbreaks of food poisoning were reported to me during the year.

SECTION V—Housing

I am indebted to Mr. E. Hollis, your Sanitary Inspector, for the figures produced in the table below.

TABLE 15

Housing Statistics

Number of new houses completed in 1949 :	
(*a*) Council	32
(*b*) Other	0
1. *Inspection of dwelling houses during the year*	
(1) (*a*) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	114
(*b*) Number of inspections made for the purpose	243
(2) (*a*) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	14
(*b*) Number of inspections made for the purpose	37
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	22
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	103

Table 15—Housing Statistics—*continued*

2. *Remedy of defects during the year without service of formal notices*	
(1) Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers ..	27
(2) Number of dwelling houses where work is in progress but not yet completed	5
(3) Number of Notices in course of preparation (not yet served)	0
(4) Number of Notices outstanding .	3
3. *Action under Statutory Powers during the year*	
A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	22
(2) Number of dwelling houses rendered fit after service of formal notices	
(*a*) By owners	22
(*b*) By local authority in default of owners	0
B. Proceedings under Public Health Acts	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	117
(2) Number of dwelling houses in which defects were remedied after service of formal notices	
(*a*) By owners	117
(*b*) By local authority in default of owners	0
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936	
(1) Number of dwelling houses in respect of which Demolition Orders were made	0
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	0
D. Proceedings under Section 12, Housing Act, 1936	
(1) Number of separate tenements or underground rooms in respect of which closing orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0

Housing Act, 1935. Overcrowding

A. 1. Number of dwelling houses overcrowded at the end of the year	23
2. Number of families dwelling therein	48
3. Number of persons dwelling therein	272
B. Number of new cases of overcrowding reported during the year	4
C. 1. Number of cases of overcrowding relieved during the year	14
2. Number of persons concerned in such cases	89
D. Particulars of cases in which dwelling houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	0

SECTION VI

Sanitary Circumstances of the District

I give below a table of some of the sanitary work done during the year by your Sanitary Inspector, Mr. E. Hollis.

TABLE 16

Nuisance Inspections

Total No. of inspections made for nuisances only 519 (not including housing inspections)

Nuisances found	103	Total needing abatement	112
		Abated during year	105
Nuisances in hand, end of previous year	9	Outstanding at end of year	7
Notices served, informal	66	Complied with	61
Notices served, statutory	46	Complied with	44
Total number of summonses or other legal proceedings			Nil

Regulated Buildings, Trades, etc.

There are no common lodging houses, houses let in lodgings, knackers yards or tents, vans and sheds in the District.

Drainage and Sewerage

New 6 in. and 9 in. sewers were constructed at the Council's housing estate at Liverton Mines. The sewering of Cowbar is a matter which should be undertaken. The watercourse known as the "Trent" which flows through the village of Liverton receives in its course through the village the untreated sewage from divers buildings with the results that it becomes grossly polluted. Similar pollution of ditches and water course occurs at Easington. It is difficult to advise that a small isolated community should be provided with main sewerage while its water supply remains inadequate and moreover even more difficult satisfactorily to dispose of the sewage when there are no streams of any volume with which to dilute the sewage whether treated or untreated.

Closet Accommodation

There are 132 privies with fixed receptacles and 354 pail or tub closets in the District. In addition, there are 1,676 water closets. One privy was reconstructed during the year as a water closet and eleven closets other than privies. Thirty-two water closets were constructed for new houses. The Council allows a grant of £3/10/- per conversion of privies or pail closets to water closets.

Scavenging

Public scavenging is in operation throughout the District. The refuse is disposed of by means of tipping. The total annual cost of the collection and disposal of the refuse is £1,700.

Shops Act, 1934, Sections 10 and 13

Forty-nine visits were paid under the above Section. Unsatisfactory conditions were found in seven instances and remedied.

SECTION VII : Factories Act, 1937 and 1948

The following figures have been returned to the Director of Statistics, Ministry of Labour and National Service, regarding factories in the District.

TABLE 17

1. Inspections for the purposes of provision as to health (including inspections made by Sanitary Inspector)

PREMISES	No. on Register	No. of Inspections	No. of written Notices	Occupiers Prosecuted
(I) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	25	67	3	—
(II) Factories not included in (I) in which Section 7 is enforced by Local Authority	—	—	—	—
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3 (Building Sites)	29	—	—
TOTAL	28	96	3	—

2. Cases in which defects were found

	Number of cases in which defects were found			
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector
Want of cleanliness	9	9	—	—
Inadequate ventilation	1	1	—	—
Ineffective drainage of floors	2	2	—	—
Sanitary conveniences (*a*) insufficient....	3	3	—	—
(*b*) unsuitable or defective	1	1	—	—
TOTAL .	16	16	—	—

Report to the Port Sanitary Authority for the year 1949

I beg to state that during the year no vessel entered or left the Port of Skinningrove.

APPENDIX A

Report on Clean Food

It is with diffidence that I write this report because one of the first requirements for Clean Food is a sufficiency of water ; the three urban districts of which I have the honour to be Medical Officer of Health have been periodically short of water since 1919, according to the documents in my office.

Outbreaks of illness due to the eating of food contaminated by bacteria causing food poisoning have become much more numerous during the last few years ; so much so that on the 1st January, 1949, the Registrar General requested Medical Officers of Health to include notified cases of food poisoning in their weekly returns. I took that opportunity to remind all doctors practising in the Districts that cases of food poisoning are notifiable under Section 17 (1) of the Food and Drugs Act, 1938.

The reasons for the recent increase in the number of outbreaks of food poisoning can only be surmised ; one reason alleged is the greater number of people who eat in restaurants or canteens. Whatever the cause it is obvious that much of our food is prepared, handled, delivered or served with a disregard of the rudiments of cleanliness. By what means may the local authorities ensure that Food is Clean ?

Firstly there are the statutory powers and obligations conferred on local authorities under various sections of the Sales of Food and Drugs Act, 1938. Section 15 of the Act empowers local authorities to make bye-laws for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption and in connection with the sale of food or exposure of food for sale in the open air. On October 27th, 1949, the Minister of Food issued to local authorities a model for those bye-laws. The model has been prepared in consultation with local authorities and trade associations.

Some desirable provisions have had to be excluded because of the shortage of materials and equipment and the model may be added to from time to time. The suggested provisions which cover such matters as personal hygiene, cleanliness and good order of equipment, cleanliness of wrapping material and the deposit and removal of refuse have been drafted with a view to their application in both urban and rural areas and to every type of food handling trade. In making bye-laws local authorities are not bound in any way by the form of the model which is intended as a guide to provisions that are reasonable and enforceable having regard to present-day conditions. Nevertheless the Minister points out that local authorities who contemplate making bye-laws may find it convenient to adopt the model since normally confirmation may then be expected rapidly and without alteration. I would stress that such model bye-laws must not be regarded as a panacea that would banish uncleanliness from our food, but as adjuvants that will give the local authority some increase of effective power.

Secondly there are forms of propaganda or education on the part of local authorities in bringing home to the public, food traders or manufacturers and food handlers the importance of clean handling of food. The forms of propaganda or education may be arranged under the following headings :—

(1) Lectures or classes for food traders or their employees.
(2) Exhibitions.
(3) Lectures, etc., for the general public including local women's organisations.
(In (1), (2) and (3) the Central Council for Health Education might prove helpful.)
(4) Formation of clean food guilds.
(5) Formulation of local codes of practice.

A local clean food guild might be found to be useful. The guild could be formed under an Advisory Committee comprising the chairman of the Local Authority, district councillors and representatives of the trades concerned. The essence of the scheme is observance by members of codes of practice which have been agreed for the various types of premises. Under the codes the employer undertakes, in addition to conforming with the statutory requirements, to maintain his premises and equipment in a way that facilitates cleanliness, and regarding his employees, to facilitate and encourage their personal cleanliness ; the employees on their side undertake to maintain a high standard of personal cleanliness both of body and of clothing and to support their employers' efforts to keep a good standard in the premises.

W. H. BUTCHER,
Medical Officer of Health.

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